

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**Division of Children and Family Services  
CFS-101 (ICPC-101) (08/2001)**STATE OF WISCONSIN****ICPC SENDING STATE PRIORITY HOME STUDY REQUEST**

**Use of form:** Complete this form to request priority home study for out-of-state placement of child(ren) per Regulation No. 7 of ICPC (s. 48.988, Wis. Stats.) Confidential information on this form will be used for identification purposes only.

**Instructions:** Send completed form to: Department of Health and Family Services  
Division of Children and Family Services  
Bureau of Programs and Policies  
ATTN: ICPC Unit  
P.O. Box 8916  
Madison, WI 53708-8916

**CHILD**

Name - Child to be Placed (Last, First, MI)

Birthdate (mm/dd/yyyy)

Hispanic / Latino

☐ Yes ☐ No

Race (Check one)

☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ White**PARENT**

Name - Mother (Last, First, MI)

Name - Father (Last, First, MI)

**PROPOSED CAREGIVER**

Name (Last, First, MI)

Address (Street, City, State, Zip Code)

Marital Status (Check one)

☐ S ☐ D ☐ M ☐ Widowed ☐ Sep.

Name - Person Caregiver is Living With

Relationship to Caregiver

Social Security Number

Best Time of Day to Contact Caregiver

Telephone Number - Home

☐ A.M. ☐ P.M.

Caregiver's Relationship to Child

Name - Caregiver's Employer

Telephone Number - Work

**ALTERNATE CONTACT**

Name (Last, First, MI)

Telephone Number

Address (Street, City, State, Zip Code)

**CHILD'S ASSESSMENT**☐ Yes ☐ No Case Plan is attached.☐ Yes ☐ No Financial / Medical Plan (CFS-2196) is attached.☐ Yes ☐ No Child has special needs. If "Yes", describe.☐ Yes ☐ No Child has handicaps - mental / physical. If "Yes", describe.☐ Yes ☐ No Child has service needs / treatment requirements. If "Yes", describe.

School Information

☐ Yes ☐ No Other required, pertinent information regarding child and family will follow.

Name - Social Worker (Print)

Telephone Number

**SIGNATURE** - Social Worker

Date Signed

**SIGNATURE** - Supervisor (If required)

Date Signed

Telephone Number